

AMERICAN MEDICAL ASSOCIATION RESIDENT AND FELLOW SECTION

Resolution: 5
(I-26)

Introduced by: Luis Seija, MD, MSHP, Anna Heffron, MD, PhD, Ida Vaziri, MD, Joshua Carrasco, MD, MPH, Frank Zhou, MD

Subject: Standards for Physician Communication of Executive Health Evaluations

Referred to: Reference Committee

Whereas, physicians have an ethical responsibility to communicate health information accurately, truthfully, and in a manner that promotes public trust while respecting patient privacy;¹⁻⁵ and

Whereas, the health of the President and Vice President of the United States is a matter of legitimate public interest because these officials perform unique constitutional responsibilities with significant implications for national security and public welfare;⁶⁻¹⁰ and

Whereas, public disclosure of presidential and vice presidential health information has historically varied substantially in scope, format, and clinical detail with no nationally recognized physician-developed standards regarding the minimum content of publicly released health summaries;^{9,11-12} and

Whereas, evidence-based standards for physician communication regarding executive health evaluations could improve public understanding, reduce inconsistent reporting, and preserve appropriate patient privacy and national security;^{6-7,11,13} and

Whereas, Congress is actively considering legislation to establish an independent commission authorized under Section 4 of the 25th Amendment to assist in determining presidential inability, of which executive health information would be needed as a vital data point, thus underscoring the timely need for physician-developed, evidence-based standards regarding the communication and interpretation of such information;¹⁴⁻¹⁷ therefore be it

RESOLVED, that our American Medical Association (AMA) develop best practices for physician-authored public summaries of presidential and vice-presidential health evaluations that promote accuracy, transparency, consistency, and national security whilst safeguarding patient privacy, distinguishing objective clinical findings from physician opinion, and identifying minimum recommended standards for public disclosure; and be it further

RESOLVED, that our AMA encourage collaboration with appropriate national medical specialty societies, ethics organizations, and experts in executive medicine to develop consensus recommendations regarding physician communication of executive health information; and be it further

RESOLVED, that this resolution be immediately forwarded to the AMA House of Delegates at the 2026 Interim Meeting.

Fiscal Note: Modest

REFERENCES

1. American Medical Association. Code of Medical Ethics Opinion 8.12: Ethical Physician Conduct in the Media. American Medical Association. Accessed August 31, 2026.
2. Parmet WE, Haupt CE. Holding clinicians in public office accountable to professional standards. *AMA J Ethics*. 2023;25(3):E194-E199. doi:10.1001/amajethics.2023.194.
3. American Medical Association. Medical ethics: Big questions arise when the patient is Mr. President. American Medical Association. Published July 18, 2024. Accessed September 20, 2026.
4. The Hastings Center. The ethics of treating the president. Published October 3, 2024. Accessed September 20, 2026.
5. The Hastings Center. Clinical ethics and a president's capacity: Balancing privacy and public interest. Published August 19, 2025. Accessed September 20, 2026.
6. Annas GJ. The health of the president and presidential candidates—the public's right to know. *N Engl J Med*. 1995;333(14):945-949. doi:10.1056/NEJM199510053331420.
7. Markel H, Stern AM. Presidential health and the public's need to know. *JAMA*. 2008;299(21):2558-2560. doi:10.1001/jama.299.21.2558.
8. Mangione S. When disease strikes leaders: What should we know? *J Gen Intern Med*. 2020;35(10):3053-3056. doi:10.1007/s11606-020-06060-1.
9. Klitzman R. Presidents' health and medical confidentiality. *JAMA*. 2021;325(1):25-26. doi:10.1001/jama.2020.23476.
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11. Sotos JG. Disclosure of presidential health information. *JAMA*. 2021;325(18):1903-1904. doi:10.1001/jama.2021.3338.
12. Park A. Trump's physical exam raises questions about what the public should know about a president's health. *TIME*. Published May 26, 2026. Accessed September 20, 2026.
13. McKee M, Abbasi K. An independent panel should evaluate the health of presidential candidates. *BMJ*. 2024;386:q1716. doi:10.1136/bmj.q1716.
14. U.S. Const. amend. XXV.
15. Gilbert RE. The contemporary presidency: The Twenty-Fifth Amendment: Recommendations and deliberations of the Working Group on Presidential Disability. *Pres Stud Q*. 2003;33(4):877-888. doi:10.1046/j.0360-4918.2003.00088.x.
16. Constitution Annotated. Twenty-Fifth Amendment: Presidential Vacancy and Disability. Accessed August 31, 2026.
17. Commission on Presidential Capacity to Discharge the Powers and Duties of the Office Act, H.R. 8275, 119th Cong. (2026).

RELEVANT RFS POSITION STATEMENTS

100.004R Ethical Physician Conduct in the Media

That our AMA-RFS support: That our AMA-RFS recognizes the professional obligation of physicians in the media to provide quality medical advice supported by evidence-based principles and transparent to any conflicts of interest, while denouncing the dissemination of dubious or inappropriate medical information through the public media including television, radio, internet, and print media. (Report A, A-26)

100.007R Physician and Health Institution Publicity and Responsibility

That our AMA-RFS encourages physicians when engaged in public discourse related to health and medical science to disclose whether stated positions are based on rigorously tested evidence, standard of care, or personal opinion. (Resolution 12, I-14) (Reaffirmed Report A, A-26)

RELEVANT AMA POLICY

Source and Quality of Medications Critical to National Health and Security H-100.946

1. Our American Medical Association supports studies that identify the extent to which the United States is dependent on foreign supplied pharmaceuticals and chemical substrates,
2. Our AMA supports legislative and regulatory initiatives that help to ensure proper domestic capacity, production and quality of pharmaceutical and chemical substrates as a matter of public well-being and national security.
3. Our AMA encourages the development and enforcement of standards that make the sources of pharmaceuticals and their chemical substrates used in the United States of America transparent to prescribers and the general public.

AMA Code of Medical Ethics - 8.12 Ethical Physician Conduct in the Media

Physicians who participate in the media can offer effective and accessible medical perspectives leading to a healthier and better informed society. However, ethical challenges present themselves when the worlds of medicine, journalism, and entertainment intersect. In the context of the media marketplace, understanding the role as a physician being distinct from a journalist, commentator, or media personality is imperative. Physicians involved in the media environment should be aware of their ethical obligations to patients, the public, and the medical profession; and that their conduct can affect their medical colleagues, other health care professionals, as well as institutions with which they are affiliated. They should also recognize that members of the audience might not understand the unidirectional nature of the

relationship and might think of themselves as patients. Physicians should: (a) Always remember that they are physicians first and foremost, and must uphold the values, norms, and integrity of the medical profession. (b) Encourage audience members to seek out qualified physicians to address the unique questions and concerns they have about their respective care when providing general medical advice. (c) Be aware of how their medical training, qualifications, experience, and advice are being used by media forums and how this information is being communicated to the viewing public. (d) Understand that as physicians, they will be taken as authorities when they engage with the media and therefore should ensure that the medical information they provide is: (i) accurate; (ii) inclusive of known risks and benefits; (iii) commensurate with their medical expertise; (iv) based on valid scientific evidence and insight gained from professional experience. (e) Confine their medical advice to their area(s) of expertise, and should clearly distinguish the limits of their medical knowledge where appropriate. (f) Refrain from making clinical diagnoses about individuals (e.g., public officials, celebrities, persons in the news) they have not had the opportunity to personally examine. (g) Protect patient privacy and confidentiality by refraining from the discussion of identifiable information, unless given specific permission by the patient to do so. (h) Fully disclose any conflicts of interest and avoid situations that may lead to potential conflicts.